

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FOCAL PLANE PLATE FOR A HIGH-RESOLUTION CAMERA WITH LIGHT-SENSITIVE SEMICONDUCTOR SENSORS

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I also acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37 CFR 1.63(d), which occurred between the filing date of the prior application and the filing date of the continuation-in-part application, if this is a continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application:	Country:	Germany
	Appln. No.:	198 38 362.2
	Filed:	August 18, 1998

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

MYRON COHEN, Reg. No. 17,358; THOMAS C. PONTANI, Reg. No. 29,763; LANCE J. LIEBERMAN, Reg. No. 28,437; MARTIN B. PAVANE, Reg. No. 28,337; MICHAEL C. STUART, Reg. No. 35,698; KLAUS P. STOFFEL, Reg. No. 31,668; EDWARD M. WEISZ, Reg. No. 37,257; CHI K. ENG, Reg. No. 38,870; JULIA S. KIM, Reg. No. 36,567; VINCENT M. FAZZARI, Reg. No. 26,879; ALFRED W. FROEBRICH, Reg. No. 38,887; ANDRES N. MADRID, Reg. No. 40,710; KENT H. CHENG, Reg. No. 33,849; GEORGE WANG, Reg. No. 41,419; JEFFREY M. NAVON, Reg. No. 32,711 and JOHN G. TUTUNJIAN, Reg. No. 39,405.

Address all telephone calls to Thomas C. Pontani, Esq. at telephone No. (212) 687-2770.

Address all correspondence to:

Thomas C. Pontani, Esq.
Cohen, Pontani, Lieberman & Pavane
551 Fifth Avenue, Suite 1210
New York, New York 10176

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor: **Hans DRIESCHER**

Inventor's signature: _____

Dated: _____
Month/Day/Year

Residence: **Salvador-Allende-Str. 67
12559 Berlin**

Citizenship: **Berlin**

Post Office Address: **Salvador-Allende-Str. 67
12559 Berlin**

TOVER

Full Name of Second Joint Inventor: Bernd BIERING

Inventor's signature: _____

Dated: _____
Month/Day/Year

Residence: **Drossener Str. 3 B,
13053 Berlin**

Citizenship: **Berlin**

Post Office Address: **Drossener Str. 3 B,
13053 Berlin**

Full Name of Third Joint Inventor: Andreas ECKARDT

Inventor's signature: _____

Dated: _____
Month/Day/Year

Residence: **Wegedornstr. 266A,
12524 Berlin**

Citizenship: **Berlin**

Post Office Address: **Wegedornstr. 266A,
12524 Berlin**

70ver

Full Name of Fourth Joint Inventor: Michael GREINER-BÄR

Inventor's signature: _____

Dated: _____
Month/Day/Year

Residence: **Platz der Befreiung 1,
12489 Berlin**

Citizenship: **Berlin**

Post Office Address: **Platz der Befreiung 1,
12489 Berlin**

Full Name of Fifth Joint Inventor: Ute GROTE

Inventor's signature: _____

Dated: _____
Month/Day/Year

Residence: **Str. 4,
12555 Berlin**

Citizenship: **Berlin**

Post Office Address: **Str. 4,
12555 Berlin**

→ over

